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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** 10/871488 filed 6/18/04 Continuation in part

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** 11/190787 filed 7/26/05 Continuation in part

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\*\*\* SMALL ENTITY \*\*** PCT/US04/20536 filed 6/24/04

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Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /DONNA A JAGOE/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY MA	SHEETS DRAWINGS 3	TOTAL CLAIMS 69	INDEPENDENT CLAIMS 10
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**ADDRESS**  
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**TITLE**  
 Method of treating acute myocardial infarction

<b>FILING FEE RECEIVED</b> 1999	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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